



# HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

STATE OF HAWAII  
STATE ETHICS COMMISSION

(Type or Print Clearly)

|   |         |            |                             |
|---|---------|------------|-----------------------------|
| <b>PART I LOBBYIST</b>  |         |            |                             |
| NAME (Last)   | (First) | (Middle)   | TELEPHONE                   |
| Lovitt  | Angela  | Joan       | 808-536-4302                |
| MAILING ADDRESS (Street)  |         |            | FAX 808-527-8088            |
| 924 Bethel St.  |         |            | EMAIL<br>anlovit@lashaw.org |
| (City)  | (State) | (Zip Code) |                             |
| Honolulu  | HI      | 96813      |                             |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE                   |
|   |         |            |                             |
| MAILING ADDRESS (Street)  |         |            | FAX                         |
|   |         |            | EMAIL                       |
| (City)  | (State) | (Zip Code) |                             |
|   |         |            |                             |

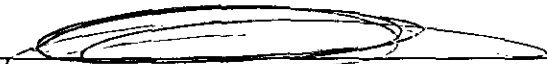
|  |         |            |                             |
|--|---------|------------|-----------------------------|
| <b>PART II ORGANIZATION</b>  |         |            |                             |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE                   |
| Legal Aid Society of Hawaii  |         |            | 536-4302                    |
| MAILING ADDRESS (Street)   |         |            | FAX                         |
| 924 Bethel St.   |         |            | EMAIL                       |
| (City)   | (State) | (Zip Code) |                             |
| Honolulu   | HI      | 96813      |                             |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         |            | TELEPHONE                   |
| Wayne Keawe  |         |            | 808-536-4302                |
| MAILING ADDRESS (Street)   |         |            | FAX 527-8088                |
| 924 Bethel St  |         |            | EMAIL<br>wakeawe@lashaw.org |
| (City)   | (State) | (Zip Code) |                             |
| Honolulu   | HI      | 96813      |                             |

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                 | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input checked="" type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

1/10/13

(Date)

**PART V AUTHORIZATION TO LOBBY**

|      |  |
|------|--|
| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
|------|--|

M. Nalani Fujimori Kaina

Executive Director

NAME OF ORGANIZATION (if applicable)

Legal Aid Society of Hawaii

TELEPHONE

808-536-4302

MAILING ADDRESS (Street)

924 Bethel St.

FAX 808-527-8088

EMAIL

nafujim@lashaw.org

(City)

Honolulu

(State)

HI

(Zip Code)

96813

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

1/10/13

(Date)